



Patient Rights & Responsibilities

Notification of Physician Ownership

Sample Fee Sheet

Patient Rights Brochure

EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL AND TO ACTIVELY PARTICIPATE IN AND MAKE INFORMED DECISION REGARDING HIS/HER CARE. THE FACILITY AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING PATIENT RIGHTS AND RESPONSIBILITIES, WHICH ARE COMMUNICATED TO EACH PATIENT OR THE PATIENT'S REPRESENTATIVE PRIOR TO THE PROCEDURE/SURGERY.

Patient's Rights:

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility.

A summary of your rights and responsibilities follows:

A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.

A patient has the right to a prompt and reasonable response to questions and requests.

A patient has the right to know who is providing medical services and who is responsible for his or her care.

A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.

A patient has the right to know what rules and regulations apply to his or her conduct.

A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.

A patient has the right to be informed of their right to change providers if other qualified providers are available.

A patient has the right to refuse any treatment, except as otherwise provided by law.

A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.

A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment; whether the health care provider or healthcare facility accepts the Medicare assignment rate.

A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.

A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.

A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.

A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.

A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.

Anti Discrimination Disclosure

The surgery center] complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

The surgery center cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

The surgery center respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap.

The surgery center 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

Patient's Responsibilities:

The patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his or her health.

The patient is responsible for reporting unexpected changes in his or her condition to the health care provider.

The patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action and what is expected of him or her. A patient is responsible for following the treatment plan recommended by the health care provider. A patient is responsible for keeping appointments and, when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.

A patient is responsible for his or her actions should he or she refuse treatment or does not follow the health care provider's instructions.

A patient is responsible for assuring that the financial obligations of his or her health care are fulfilled as promptly as possible.

A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

A patient is responsible for being respectful of all the healthcare professionals and staff, as well as other patients.

If you need an interpreter:

If you will need an interpreter, **please let us know** and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you please make arrangements to have them accompany you on the day of your procedure.

Rights and Respect for Property and Person:

The patient has the right to:

Exercise his or her rights without being subjected to discrimination or reprisal.

Voice a grievance regarding treatment or care that is, or fails to be furnished.

Be fully informed about a treatment or procedure and the expected outcome before it is performed.

Confidentiality of personal medical information.

Privacy and Safety:

The patient has the right to:

Personal privacy, receive care in a safe setting, and be free from all forms of abuse or harassment

Advance Directives: *You have the right to information regarding advance directives, this facility's policy on advance directives. Applicable state forms are available from the center and will be provided upon request.*

The surgery center is not an acute care facility; therefore, regardless of the contents of any advanced directive or instructions from a health care surrogate, if an adverse event occurs during treatment, patients will be stabilized and transferred to a hospital where the decision to continue or terminate emergency measures can be made by the physician and family. If they have been provided to the surgery center, a copy of the patient's Advanced Directives will be sent to the acute care facility with the patient.

If the patient or patient's representative wants their Advance Directives to be honored, the patient will be offered care at another facility that will comply with those wishes.

Complaints/Grievances: If you have a problem or complaint, please speak to one of our staff to address your concern. If necessary, your problem will be advanced to center management for resolution. You have the right to have your verbal or written grievances investigated and to receive written notification of actions taken.

The following are the names and or agencies you may contact:

Center Administrator
1600 SE 17th Street
Ocala, FL 34471
352-512-9210

You may contact the state to report a complaint:

Florida Agency for Healthcare Administration
2727 Mahan Drive
Tallahassee, FL 32308
Phone (888) 419-3456

Website: [http:// ahca.myflorida.com](http://ahca.myflorida.com)

Medicare beneficiaries:

You may also file a complaint with the Medicare Beneficiary Ombudsman.

Medicare Ombudsman Web site

<https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>

Medicare: www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227)

Office of the Inspector General: <http://oig.hhs.gov>

This facility is accredited by the **Accreditation Association for Ambulatory Health Care (AAHC)**. Complaints or grievances may also be filed through:

AAHC

3 Parkway North Suite 201, Deerfield, IL 60015

or email: info@aaahc.org

847-853-6060

Physician Financial Interest and Ownership: The center is owned, in part, by the physicians. The physician(s) who referred you to this center and who will be performing your procedure(s) may have a financial and ownership interest. Patients have the right to be treated at another health care facility of their choice. We are making this disclosure in accordance with federal regulations.

The following physicians have a financial interest in this center: Dr. Locker, Dr. Mahmood and Dr. Rogers

FROM THE BUSINESS OFFICE

Healthcare billing is often difficult to understand. It is our desire to help you understand what to expect before your surgery.

There will be at least three separate bills for your surgery:

- 1) The Orthopaedic Institute – this is your surgeon’s office.
- 2) The Orthopaedic Surgery Center – this is the surgical facility.
- 3) Sheridan Anesthesia – this is your anesthesiologist for your surgery.

The Orthopaedic Institute and the Orthopaedic Surgery Center are two distinct medical facilities; therefore, we are required to collect a separate co-pay or deductible from you prior to your surgery. This is in addition to any fees you may have paid to your surgeon’s office. You will also receive separate statements from each after your surgery. The status of your insurance will be discussed with you by our business office staff during your pre-admit appointment.

Anesthesia charges will be billed separately by Sheridan Anesthesia.

There may be other bills related to services from other providers such as laboratories, or other healthcare providers utilized for your care. This also includes other companies that may be contracted by your insurance provider such as Implantable Provider Group.

Sample Facility Fee Calculator

Date Verified: _____ Account Number: _____
Patient Name: _____ Physician Name: _____
Insurance: _____

Deductible: ___ Yes ___ No ___ N/A
Patient has met \$ _____ of his/her total deductible of \$ _____
OSC Scheduled Procedure(s): _____

Implantable hardware: ___ Yes ___ No ___ N/A (** If coverage is under a BCBS: You will receive a bill for implant/hardware/instrument(s) used to perform your surgery from IPG (Implantable Provider Group);

Estimated: Insurance Contract Rate (Allowable) \$ _____

Estimated: Patient Coinsurance _____% or Co-pay \$ _____

Estimated: Balance of Remaining Deductible \$ _____

Previous Balance: ___ Yes ___ No \$ _____

Estimated: Total Patient Responsibility \$ _____

(The Surgery Center is a separate entity/facility from your surgeon’s office)

**Additional fees you may be responsible for:

1. Estimated patient co-insurance may change depending on the extent of the surgery. Procedures may be more extensive or differ than what the surgeon originally planned, resulting in additional surgery coding or a change in the surgery coding.
2. Implantable hardware is not included in the estimate above. This will be billed to your insurance carrier first and then your co-insurance will be billed to you separately and is not included in the estimate above. This excludes patients that are covered under BCBS and UHC. I understand that the facility bills are separate from my physicians’ office and that any services performed at the facility will be billed separately.

Reducing Your Risk of Blood Clots or VTEs

What is a VTE? Blood clots that develop in the veins of the body are known as Venous Thromboembolism or VTE. Sometimes these clots develop while a person is hospitalized or on bed rest for a long time.

Blood clots occur when the blood, which is in liquid form, thickens to a solid inside the vein. This is called a Thrombus. When this happens, the normal blood flow in the vein slows or stops. A blood clot in a leg vein is called a Deep Vein Thrombosis or DVT.

SYMPTOMS OF A POSSIBLE DEEP VEIN THROMBOSIS INCLUDE:

- Pain and/or tenderness in one leg
- Swelling of the leg
- Warmth and redness of the skin of the leg
- If part of the clot in the leg breaks free, it can travel to the lung. This is called a Pulmonary Embolus or PE

SYMPTOMS OF POSSIBLE PULMONARY EMBOLUS INCLUDE:

- Feeling out of breath
- Chest pain
- Sudden collapse
- Coughing up blood

AM I AT RISK FOR VENOUS THROMBOEMBOLISM?

Sometimes blood clots develop in otherwise healthy people. However, the risk of developing a Deep Vein Thrombosis or a Pulmonary Embolus can be increased if you are in the hospital or become immobile for other reasons, such as outpatient surgery.

Things that increase your chances of having a blood clot include:

- Recent surgery; medical illness
- Heart or lung disease; stroke
- Major trauma
- Infection or cancer
- Previous Deep Vein Thrombosis or Pulmonary Embolus

Other factors that can increase your risk of developing a blood clot include:

- Being overweight
- Hormone therapy
- Cigarette smoking
- Being over the age of 40
- Dehydration

HOW CAN I REDUCE MY RISK OF VENOUS THROMBOEMBOLISM?

- Move around as much as you can as soon as you can
- Do leg exercises
- Drink plenty of fluids
- Quit smoking cigarettes
- Wear compression stockings (if prescribed)

If you have any symptoms for a DVT or Pulmonary Embolus, it is important that you notify your surgeon or primary care physician immediately in order to be treated safely.

SYMPTOMS OF POSSIBLE PULMONARY EMBOLUS INCLUDE:

Feeling out of breath Chest pain Sudden Collapse Coughing Up Blood